

was congenital, but for the last month it had rapidly increased in size. The lower extremities were unaffected; the urine and fæces were passed involuntarily. Inflammation of its (the tumor's) integuments had already commenced, and extirpation of the sac was decided upon. A semielliptic incision was made on each side of the tumor, and an attempt made to dissect the sac down to the fissure in the spinal column, but it (the sac) broke, and the contents escaped. The pedicle being quite broad was then ligated with four sutures passed through its substance, and the tumor removed. The skin was then sutured and an aseptic dressing applied. The next day the child's general condition was good, and, with the exception of a slight disturbance on the third day following the operation, everything progressed well: the child recovered its vivacity; its appetite improved, and it slept well. The wound healed without any inflammation, but its course was complicated by a failure of the middle portion of the wound to heal, and through which the cerebro-spinal fluid dribbled. This and the continual defiling of the dressings with urine and fæces, rendered a daily change of the dressings necessary. This dribbling, however, soon ceased, and the unhealed spot soon dwindled down to a small point and healed. No inflammation of the spinal meninges occurred, in spite of the continual soiling of the dressings. The writer ascribes the failure of the wound to heal entirely to his use of the multiple ligature, as one of the strands apparently tore out of the tender integuments. He also calls attention to the fact that evacuation produced none of the disastrous results reported in other cases — *Lo Sperimentale*, vii, 1890.

ALBERT PICK (Boston).

II. On Elbow-Joint Dislocations Complicated with Rupture of the Brachial Artery and the Resulting Ischæmic Muscular Alterations. By DR. E. MELITOR (Carlsruh, Heidelberg). The case here related was that of a farmer, æt. 22, who, in attempting to mount a moving wagon, fell backward on the flexed left elbow and dislocated the radius and ulna backward. Before any attempts at reduction it was noted that the hand was pale and both radial and ulnar

pulse absent. When brought to the hospital next day the whole arm was tensely swollen, the hand motionless and especially on the radial side partially anæsthetic.

Under moist warm dressings the swelling steadily abated for five days. Then, two hours after placing the hand in an elevated position, it suddenly became ischæmic. An incision along the inner side of the joint, parallel to the median nerve, permitted the removal of coagula and showed that the dislocation had been reduced, but did not disclose the proximal end of the artery. As, however, the circulation was not re-established, and the extremity clearly could not be preserved, it was amputated 6 centimeters above the elbow, 9 days after the accident. It was found that the biceps had been torn off 4 centimeters above its insertion, and the brachialis anticus $3\frac{1}{2}$ centimeters above. As the anterior wall of the joint-capsule was quite torn across and the internal and external ligaments almost completely severed, he holds that it was rather a dislocation forward of the humerus than backward of the ulna and radius, and quotes two other cases of such dislocation. Of further cases of dislocation of the elbow with rupture of a large artery he has collected 11; these were mostly of the brachial, though in 2 cases of the ulnar. Only 1 of the 11 was, like this, subcutaneous; all the others were compound. In this previous subcutaneous case, amputation had to be performed on the sixth day. In 8 of the 10 compound cases the arm was preserved, though in several more or less disabled. In fact, usually the small collaterals are injured as well as the main vessel.

The microscopical examination showed, in the most affected muscles, principally, an œdematous soaking and a vanishing of the muscle-nuclei. Various considerations lead him to the conclusion that "In subcutaneous injury of larger arterial trunks, especially where it has led to a considerable extravasation of blood, immediate free incision under extreme antiseptic precautions, with thorough removal of coagula and double ligation, is indicated and preferable to the expectant plan."—*Bruns' Beiträge z. klin. Chirurgie*, 1889, bd. v, hft. ii.

WILLIAM BROWNING (Brooklyn).

III. Case of Incised Wound of the Knee-Joint with Transverse Division of the Patella. By PAUL SWAIN, F.R.C.S.